

## 8734

## F 40 R EFO00089 IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN, check the box. ■				e box. ■	State Use Only	1					
			e 7 for the rea								
			er the numbe		a m di m m	1					
FOI C				iscal year beginning	, ending		Your Social Security Number	(requi	red)		
œ	Your first name and initial				ast name						eceased
T OR	Chausala f	irot non	an and initial		ast name		On some le Consist Consults November (no social de			<u>                                     </u>	n 2014
鶑피	Spouse's first name and initial				ast name		Spouse's Social Security Number (required)				
PLEASE PRINT TYPE	Mailing add	dress								11 1	eceased n 2014
EAS							Do you need Idaho income tax forms mailed to you next year				
7	City, State,	and Zi	p Code			■ Yes ■ No					
							Forms also av	ailabl	e at tax.idaho	o.gov	
			Check only o		6. EXEMPTIONS.	If someone can clair	m you as a Enter "1" in	boxes	s 6a. Yours	self a.	
	_	•	•	ate return, enter ecurity Number above.		dependent, leave bo			,	se b.	
Spot			u Social Se	curity Number above.		ents. If more thar	n four dependents, contin	ue o	n Form 39R		
1. S		ingle			Enter the total nu	mber here				C.	
	2. M	arried	d filing jointly	/	First name		Last name	Soc	ial Security No	umber	
	3 M	arried	d filing separ	rately							
				,							
	4. H	ead o	f household								
	5. Q	ualifyi	ing widow(e	er)			····				
					d. Total exemptions	. Add lines 6a thr	ough 6c. Must match fee	deral	return	d.	
INCC	MF See	e inst	ructions, p	age 7	1						
					eral Form 1040, line 37;	federal Form 104	10A, line 21;				
	•		•	•	· · · · · · · · · · · · · · · · · · ·			7			00
				·	orm 39R			8			00
9. Total. Add lines 7 and 8								9			00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R						10	<u> </u>		00		
11.	TOTAL A	DJUS	STED INCO	ME. Subtract line 10 fro	om line 9			11			00
TAX	COMPU	TATIO	N. See ins	structions, page 7.							
				a. If age 65 or older		Yourself •	Spouse				
	andard duction	12.	CHECK -	b. If blind	· [	Yourself •	Spouse				
Fo	or Most			, ,	omeone else can claim	'	ent,				
P	eople			check here and er	nter zero on lines 18 and	142.					
	ingle or ried filing	13.	Itemized de	eductions. Include fede	eral Schedule A. Federa	l limits apply		13			00
Sep	parately:										
*	66,200	14.	All state ar	nd local income taxes in	cluded on federal Sched	dule A, line 5	······································	14			00
	lead of usehold:	15. 	Subtract lir	ne 14 from line 13. If yo	ou do not use federal Sc	hedule A, enter ze	ero	15			00
Mar Jo	69,100										
	ried filing		if not stand	f not standard							00
	ointly or ualifying	17.	Subtract th	ne LARGER of line 15 o	r 16 from line 11. If less	than zero, enter	zero	17			00
Wi	dow(er): 12,400	18.	Multiply \$3	3,950 by the number of	exemptions claimed on I	ine 6d. Federal li	mits apply	18			00
	12,700	19.	Idaho taxa	ble income. Subtract lir	ne 18 from line 17. If les	ss than zero, ente	r zero	19			00
		20.	Tax from ta	ables or rate schedule.	See instructions, page 3	37		20			00

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN.



Form 40 - 2014

	EFOU0089p2 10-14-14		—		T			
	Tax amount from line 20		21		00			
	DITS. Limits apply. See instructions, page 8.							
		00						
		00						
24.	Total business income tax credits from Form 44, Part I, line 12. Include Form 44 24	00						
25.	TOTAL CREDITS. Add lines 22 through 24	[	25		00			
26.	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero		26	<u> </u>	00			
	ER TAXES. See instructions, page 9.							
	Fuels tax due. Include Form 75	- H	27		00			
	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)	- 1	28		00			
29.	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	T I	29		00			
30.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	•	30		00			
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments	_ I _ F	31	10	00			
32.	TOTAL TAX. Add lines 26 through 31	•	32	<u> </u>	00			
	ATIONS. See instructions, page 9. I want to donate to:							
33.	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund							
35.	Special Olympics Idaho							
37.	American Red Cross of Greater Idaho Fund 38. Veterans Support Fund							
39.	Idaho Foodbank				Т			
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40		41	<u> </u>	00			
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.							
42.	Grocery credit. Computed Amount (from worksheet)	,— l			_			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42.		42		00			
40	To receive your grocery credit, enter the computed amount on line 42		42		00			
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R  Special fuels tax refund Gasoline tax refund Include Form 75		43		00			
			44		00			
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding		45		00			
	2014 Form 51 payment(s) and amount applied from 2013 return		46		00			
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1.		47		00			
	Reimbursement Incentive Act credit. Include Certificate		48		00			
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48		49	<u> </u>	00			
TAX	DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less that	n line	49,	GO TO LINE 53.				
50	TAX DUE. Subtract line 49 from line 41							
					00			
51.	Penalty Interest from the due date Enter total	[	51		00			
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	┐ ŀ	31		00			
52	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission	۱. '	52		00			
JZ.	TOTAL DOL. Add liftes 30 and 31. Wake check of moriey order payable to the Idaho State Tax Commission		52		00			
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	•	53		00			
54.	REFUND. Amount of line 53 to be refunded to you				00			
	ESTIMATED TAX. Amount of line 53 to be applied to your 2015 estimated tax	•	55		00			
56.	DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.			Type of • Ch	hecking			
• Rou	uting No Account No.			Associate				
		$\perp$	<u> </u>	Account: Sa	avings			
	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.							
	Total due (line 52) or overpaid (line 53) on this return		57		00			
58.	Refund from original return plus additional refunds		58		00			
59.	Tax paid with original return plus additional tax paid	[	59		00			
60.	Amended tax due or refund. Add lines 57 and 58 and subtract line 59		60		00			
Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.								
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.    Spouse's signature (if a joint return, BOTH MUST SIGN)								
SIGN								
Date	Daytime phone Preparer's EIN, SSN, or PTIN							
_ 5.0	Bayume phone							
Paid p	oreparer's signature Address and phone number							
•			1 1					
		4	1 5					